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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *TH* *None*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *TH* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 10	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

## ADDRESS

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## TITLE

Data management appliance

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